



2017

# Evolution of Occupational Therapy Practice: Life History of Carol Olson

Laurel Busch  
*University of North Dakota*

Emily Bachmeier  
*University of North Dakota*

Follow this and additional works at: <https://commons.und.edu/ot-oral-histories-papers>



Part of the [Occupational Therapy Commons](https://commons.und.edu/ot-oral-histories-papers)

---

## Recommended Citation

Busch, Laurel and Bachmeier, Emily, "Evolution of Occupational Therapy Practice: Life History of Carol Olson" (2017). *Oral History Student Papers*. 2.  
<https://commons.und.edu/ot-oral-histories-papers/2>

This Student Paper is brought to you for free and open access by the Occupational Therapy Oral Histories at UND Scholarly Commons. It has been accepted for inclusion in Oral History Student Papers by an authorized administrator of UND Scholarly Commons. For more information, please contact [zeinebyousif@library.und.edu](mailto:zeinebyousif@library.und.edu).

Evolution of Occupational Therapy Practice: Life History of Carol Olson

Laurel Busch, OTS and Emily Bachmeier, OTS

University of North Dakota

### **Abstract**

This paper is a summary of the process and outcomes of a study that examined the life and accomplishments of Dr. Carol Olson. This study was designed as a life history to describe and understand the experiences of Dr. Olson throughout her occupational therapy (OT) career. This study is part of a larger research project that aims to gather information about OT practice in North Dakota and Wyoming throughout history. The researchers conducted a semi-structured interview with Dr. Olson to find several key outcomes that will give future insight into OT practice within North Dakota. The findings of the study focused on Dr. Olson's influences, experiences, and her views of changes within OT practice throughout her career. The researchers used the findings to create an assertion statement: *In the course of her occupational therapy career, Dr. Olson saw many changes in the profession. She was influenced by a number of factors and accumulated meaningful experiences throughout her time in the profession of occupational therapy.*

### **Introduction**

This study is a life history interview designed to gather information about Dr. Carol Olson and her years of practice in occupational therapy. This life history is one of 29 life history interviews which are a part of a larger project, *Life Histories of Individuals Who Have Been Influential in Developing Occupational Therapy (OT) in North Dakota and Wyoming*. The purpose of the project is to gather information about the history and evolution of occupational therapy practice in North Dakota and Wyoming through life histories of individuals who have been influential in developing OT in these two states. It is anticipated that the life history process will be a powerful way to gather this information. This study is intended to provide current and future generations of occupational therapists a view of the history and how occupational therapy practice has evolved from its inception to current practice in North Dakota and Wyoming.

### **Literature Review**

Over the years of occupational therapy, there have been many factors that have influenced a number of changes across the profession. Dr. Olson, class of 1980, entered the field of occupational therapy during a shift in the profession's identity. This shift created a more autonomous role for OTs within the healthcare field, as well as marked the beginning of demand for research within OT.

#### **Autonomy**

In order to achieve autonomy, steps were made by the American Occupational Therapy Association (AOTA) to support state licensure and pass the Model Occupational Therapy Practice Act in 1975 (Reed & Peters, 2008). This act allowed practitioners to write their own state licensure, which allowed occupational therapy to separate from other disciplines. Prior to this act, OT primarily worked under the authority of physicians (Reed & Peters, 2008). In 1983,

Occupational Therapy State Licensure in North Dakota was implemented. Through the leadership of AOTA, occupational therapy continued to become more recognized by other healthcare professions. Additionally, from the years 1972 to 1982, the number of occupational therapists increased from 10,981 to 25,754 (Reed & Peters, 2008). As society became more aware of the need for OT and other rehabilitation services, the profession gained autonomy through self-regulation and self-sufficiency.

### **Profession's Identity**

From 1970 to 1985, advocacy for occupational therapy's identity was needed in order for it to be recognized as an important healthcare service. In 1984, a clear definition of occupational therapy was created. This definition was: "a professional healthcare service which, when properly used, can be instrumental in decreasing hospital confinement, disability, and the ultimate cost of healthcare" (Reed & Peters, 2008, p.16). This definition provided a clear explanation of why occupational therapy is a beneficial and reimbursable healthcare service.

Due to the lack of occupational therapy research, AOTA gathered funds in 1983 to support the development of research. The Research Advisory Council was formed to prioritize theories, concepts, and knowledge that would promote the interest in research among occupational therapy practitioners. With these efforts, the professional Code of Ethics was created to underlie the values, beliefs and knowledge of the profession (Reed & Peters, 2008). The philosophy of the Code of Ethics was used to guide research and establish occupational therapy as its own discipline.

### **Role Confusion**

During the early 1980s, there was a significant increase in occupational therapy assistants (OTA). In 1981, the Role of Entry-Level Occupational Therapy Personnel was published to

identify the role performance differences between occupational therapists and OTAs (Reed & Peters, 2008). With this publication, the concept of career mobility or laddering was identified as the process in which an OTA can achieve the professional level without obtaining any additional college credits (Reed & Peters, 2008). This was a controversial concept for practicing therapists, as it was seen as discrediting the level of the degree required to become an occupational therapist. Due to these concerns, the program was in need of refinement and the entry level for occupational therapy was clearly identified.

Throughout the years, occupational therapy has undergone several shifts that have helped to morph it into the profession it is today. During the period in which Dr. Olson entered the field, professional identity was achieved by legislative efforts, which established occupational therapy as a respected and reimbursable healthcare practice. Through the establishment of the Code of Ethics, ethical guidelines were used to form the values and beliefs of OT practice into the development of theories and models (Reed & Peters, 2008). The push for research helped occupational therapy achieve further autonomy and respect within the healthcare community.

### **Theory**

To guide this study, the Kawa Model was selected. The Kawa Model, developed by Michael Iwama, uses the metaphor of a river to represent an individual's life flow (Turpin & Iwama, 2011). Elements of the river that contribute to an individual's life flow include rocks, driftwood and spaces. The rocks are defined as the challenges that interfere with the life flow. Driftwood includes the values, personalities and resources that may help guide or hinder a individual's life flow. The spaces in between the rocks and driftwood represent the overall well-being that flows and provides satisfaction and happiness (Turpin & Iwama, 2011). The concept of life flow was used in analyzing the progression of Dr. Olson's career. The interview questions

were developed with the concepts of life flow and harmony in mind. The Kawa Model was also considered when collecting and analyzing the data . The findings and results were identified with consideration of the Kawa Model.

### **Description of Participant**

The participant for this study, Dr. Carol Olson, has been a practicing occupational therapist for 37 years. She graduated from the University of North Dakota in 1980 with her Bachelor's degree in occupational therapy. She later obtained her Master's degree in special education from the Minnesota State University Moorhead, and then her PhD in teaching and learning in higher education through the University of North Dakota. Throughout her career, she has worked in mental health and pediatrics settings in Nebraska, Minnesota, and North Dakota. Early in her career, Dr. Olson had the opportunity to develop an occupational therapy program at Elks Camp Grassick for children and adults with disabilities. For twelve years, she was involved in the public school districts of Nebraska, Minnesota, and North Dakota and developed programs that provided OT services for school-aged children and adolescents. For the past 20 years, she has been a professor in the Occupational Therapy Department of the University of Mary, where she has been the main pediatric course instructor. She played an integral role in the development of the pediatric coursework within the University of Mary's OT program. She has served as the former vice president of legislation and practice, as well as the president of the North Dakota Occupational Therapy Association (NDOTA). She has also volunteered internationally in Peru and Guatemala to fit children and young adults with disabilities in wheelchairs.

### **Methodology**

The semi-structured interview was guided by an interview schedule prepared by the Project Directors; the questions on the interview schedule were designed to be used with all the

individuals as part of the larger project. The researchers modified and added interview questions as needed for each specific interview.

### **Study Design**

The research done in this study is qualitative in nature. The study design is a life history approach, which allows the focus to be on the participant's involvement in the evolution of occupational therapy practice. The study consisted of one interview guided by an interview schedule.

### **Participant Selection**

The participant for this interview, Dr. Carol Olson, was selected from a participant list compiled through purposive sampling by the Project Directors in charge of the overarching study. She is one of 29 participants involved in the larger study. Informed consent was obtained prior to the study.

### **Data Collection**

Data was collected through an interview conducted over the video conferencing software, BlackBoard Collaborate. Prior to the interview, initial information on Dr. Olson's accomplishments was obtained through her professional CV. The interview was 92 minutes long and the time spent analyzing her CV was approximately one hour.

### **Trustworthiness**

Trustworthiness was established throughout the course of this study through the use of reflexive journals completed by both researchers periodically. The researchers reflected on their opinions, biases, and hunches throughout the process of data collection and analysis. They reviewed each other's work to preserve objectivity and trustworthiness.



### **Data analysis**

The semi-structured interview was recorded and transcribed verbatim by the researchers and initial thoughts and ideas were recorded. The researchers then analyzed the transcription to identify meaning in Dr. Olson's responses. The researchers developed codes based off of her responses and sorted those codes into categories. Codes are considered units of research data that have meaning (Jedlicka & Bass, 2017). Codes were reviewed for connections and organized into categories. The categories were then identified as her influences, experiences, and her views on the changes of OT practice throughout her career. These categories were reviewed and thematic statements were identified to summarize patterns that emerged. The thematic statements were then combined and summarized to make an assertion that would encompass all the meaningful information covered in the interview. A detailed chart of the codes, categories, themes, and assertion can be found the Appendix.

Throughout the process of coding and analyzing the data, the researchers made an effort to guide their decisions by the Kawa model. They reflected on the life flow, challenges, and contexts that Dr. Olson identified in the interview. They selected phrases and concepts that came up as meaningful to Dr. Olson in the transcription to base their codes off of.

### **Findings and Results**

From the codes that were initially developed, three categories emerged. These categories are: OT practice, influences, and experiences. Within each of these codes, two themes were created. The themes help to summarize the information gathered in the interview while still remaining as rich and detailed as possible. Quotes and examples from the interview have been included to add to the detailed description of the findings.

#### **OT Practice**

Dr. Carol Olson has been practicing in the field of occupational therapy for 37 years. Throughout this time, she has been able to observe OT practice as it was, as it is, and as she sees it progressing into the future. She shared many examples of the changes she saw, as well as the aspects and traits that she felt are crucial to OT practice.

*Theme One: Dr. Olson has seen many changes, both positive and negative, in the OT profession throughout her career.*

When she first began her practice in 1980, Dr. Olson saw a very different profession than the one she sees today. One of the changes she has witnessed during her career is the shift from arts and crafts as a primary intervention to primarily occupation-based interventions. She said that arts and crafts used to be used more extensively in the mental health setting in particular:

*“At the mental health center that I worked at, we did use a lot of the arts and crafts but really focused on what the goals of the person were- are they able to follow a sequence, are they able to make a decision, all those kinds of things.”*

Dr. Olson also saw a change in the roles of occupational therapy assistants throughout her career. She found that they lost some of the autonomy they had back when she began her practice. Before, she felt that they were able to do more things on their own:

*“When I started working with OTAs they could pretty much do everything and I didn’t really understand or know what [their limitations were]. I went into the schools and they were there pretty much doing everything. I knew I did the evaluations and wrote the reports and they did a lot of the implementation.”*

Throughout the 37 years Dr. Olson has spent as an OT, she has witnessed many changes in technology. From the start of her career to present time, she has observed a substantial change

in the types and uses of technology in occupational therapy. She reflected on the impact technology has had on her clients:

*“We really couldn't tell how much a person was able to do cognitively because there was really not the stuff there to help them like the communication devices and things like that that are out there now. And the different computer programs that you can have text read to you. It was really hard to tell what people were able to do. Um, so I think technology has been huge in that as well.”*

As an educator and former clinician, Dr. Olson expressed her dedication to research and evidence-based practice. She mentioned that there has been a shift in the profession during her time in practice toward research and an increase in the value of evidence-based practice:

*“I think evidence-based practice is huge. We used to do whatever we thought worked and what we learned about in school and who cares if it really is effective in the long run or not. But now we really have to be looking at that and making sure that there is that evidence.”*

*Theme Two: Dr. Olson identified aspects of practice she felt were crucial to the OT profession.*

During the interview, Dr. Olson identified several aspects of practice and traits for practitioners that she felt were crucial. One of these aspects was the concept of client-centered practice. She felt that it was important to keep planning and interventions centered around the client to help promote buy-in from the client:

*“You're always really focusing on what the client wants to do. And hopefully clients are way more motivated to do what they need to do because you're working on what they want to do.”*

One of the traits Dr. Olson identified as important for an OT to possess is flexibility. She stressed the importance of being flexible in scheduling and in working with clients as an OT. She mentioned both flexibility and open-mindedness when discussing her personal traits that she felt contributed to her success as an occupational therapist:

*“I'm also very flexible and open-minded. I think that's another area that's really important. You kind of have to go with the flow and especially as OTs you never know what's going to be coming your way so you just have to roll with it and make the best of it.”*

### **Influences**

Throughout her career, Dr. Olson has been influenced by a number of factors. She expressed in the interview that she feels these factors influenced her personal growth and professional growth as well as guided the direction of her career. These factors arose from a number of different areas of Dr. Olson's life. She shared some of these factors and the impact they had on her to the researchers during the interview.

*Theme Three: Dr. Olson has been influenced by values present in her practice setting, personal life, and geographic location.*

Dr. Olson has lived and worked in several different regions across the United States. She has also done volunteer work internationally. The values and traditions of each of these regions influenced Dr. Olson as she worked in each setting.

Dr. Olson also worked within a number of practice settings throughout her career. She worked in mental health, pediatric outpatient, and school settings, and as an academic professor for the University of Mary. These settings, particularly the University of Mary, have influenced her throughout her career. Dr. Olson identified the Benedictine values that the University of

Mary has adopted as a particular source of influence for her when asked about her own principles that she lives by:

*“The University of Mary is a Benedictine college and we go by Benedictine values. There's six of them. It's respect for person, hospitality, community, moderation, prayer, and service.”*

*Theme Four: Dr. Olson's influences have guided her practice throughout her career as an OT.*

Dr. Olson discussed the factors that have influenced her practice throughout her career. She, again, spoke of the influence that Benedictine values have had on her practice. She discussed how these values-- service in particular-- influenced her decision to volunteer internationally:

*“So the attitude of service would definitely be a really big [influence] for me. I've done a lot of international trips to Guatemala. I've taken four or five groups to Guatemala and a couple groups to Peru to provide services for people in those countries.”*

## **Experiences**

Throughout the interview, Dr. Olson reflected on a multitude of experiences she gained throughout her career. She discussed these experiences and the impact they had on her personal growth.

*Theme Five: As an OT practitioner, Dr. Olson reflected on past and current experiences that have been meaningful to her.*

Dr. Olson has identified a number of experiences that held great meaning to her. One of these experiences is her volunteer work in Guatemala and Peru. She has identified the trips she has taken with her students as a source of pride and accomplishment.

*“In Guatemala we worked with the God's Child Project and provided wheelchairs to people that-- I mean some people were carrying around their 25 year old children with CP forever and they never had a wheelchair for them so we were able to adjust the wheelchair so they were able to use those. We worked with kids in the malnutrition center. And then in Peru we've been working with a school that's just for kids with disabilities and that's been really nice as well.”*

Another experience that Dr. Olson found meaningful was a specific instance of advocacy within the school system. She described the situation and how she was able to help:

*“The fifth and sixth graders always went to Alexandria in the Moorhead schools to go skiing in the spring and a young women with CP that I worked with, she was ambulatory but still had limitations. She wouldn't have been able to ski typically and the teacher that was working with her said she just has to accept that there are just some things that she can't do. And I wasn't really going to go along with that so I said I think there's probably a way so I made some phone calls to the ski resort in Alexandria and said, ‘we've got this student, is there any way that we can get something going for her?’ So we actually did get her out skiing and she had a couple people skiing with her and the ski instructors helping.”*

*Theme Six: Dr. Olson's experiences have contributed to the development of her personal growth throughout her years in practice.*

Dr. Olson's personal growth has been influenced by her experiences. She has used her past experiences to discover her passions within the profession. Now, as an educator, she has grown to be a mentor to her students. Her hope is that they, too, learn from her experiences and grow as professionals.

*“We really encourage our students to be very involved in [NDOTA and AOTA]. I think a lot of them have followed in those footsteps and are doing a lot of different advocacy kinds of things.”*

### **Discussion and Conclusion**

Through the process of analyzing data, the researchers uncovered Dr. Olson’s views of the changes within OT practice, the influences that shaped her career, and her meaningful life experiences. After reflecting on these categories and their thematic statements, the researchers created an assertion statement with which they would summarize the entire interview. The researchers phrased the assertion statement in a way that it can be considered in multiple situations. They aimed to create a statement that readers could apply to their own situations. The assertion statement they created is: *In the course of her occupational therapy career, Dr. Olson saw many changes in the profession. She was influenced by a number of factors and accumulated meaningful experiences throughout her time in the profession of occupational therapy.*

Over her 37 years of practice, Dr. Olson has seen many factors that have influenced a change in OT practice, as well as a shift in the profession’s identity. Starting her career as an occupational therapist in 1980, Dr. Olson entered the field during a time when OT was becoming further recognized by other healthcare professions. North Dakota state licensure was established early in her career, which may have influenced her involvement in AOTA and NDOTA and serve on legislative boards.

Dr. Olson has seen both positive and negative changes throughout her career. The shift from arts and crafts to occupation based interventions was a significant change that Dr. Olson noticed. Dr. Olson also witnessed the evolution of technology and how it influenced practice and

the services available to clients. Throughout her career, she has been dedicated to research and has found it crucial that occupational therapy remains supportive of evidenced-based practice.

There have been many influences throughout Dr. Olson's career that have helped shape her into therapist she is today. Being a North Dakotan from birth, she has kept her roots in the midwest and served the midwest population in multiple practice settings. She has been influenced by the values and culture of the midwest throughout her practice. Dr. Olson identified the importance of Benedictine values and how they have influenced her values and decisions in practice. Throughout her career, she has shared her passion for service and has volunteered internationally to serve populations in need. Her international experiences have contributed to her personal growth and sense of service and giving back. Dr. Olson expressed her hope that she has influenced her students vicariously through her own past experiences and knowledge.

During Dr. Olson's career she has had a number of opportunities and experiences that have helped her grow both personally and professionally. There have been many meaningful experiences throughout her lifetime, but she identified that her sense of altruism and advocacy has been the most beneficial to her practice. Dr. Olson is very passionate about advocating for both clients and the profession of OT. As an educator, she has influenced her students to become more involved in AOTA and NDOTA and develop the strong advocacy skills needed as future occupational therapists.

Through creating and analyzing the life history of Dr. Olson, the researchers were able to uncover her past and current experiences that she has found meaningful throughout her career. Her life journey as an occupational therapist can be analyzed using the Kawa Model to reflect on the concept of her life flow. This concept of life flow is used throughout by analyzing Dr. Olson's positive and negative experiences as well as her influences. Through her actions and



involvement within OT practice, she has established her own self harmony and has set a path to influence future occupational therapists.

The life history of Dr. Carol Olson will contribute to the body of knowledge within occupational therapy by providing a rich description of her influences, experiences and views of the changes in the profession. The findings of this study are relevant to occupational therapy practice because it explores the impact of the evolution of OT through the eyes of current and past occupational therapists. The life history of Dr. Olson sheds light on the work and accomplishments of Dr. Olson and will serve as recognition of her role as an influential leader in North Dakota occupational therapy practice.

### References

- Jedlicka, J. and Bass, G. (2017). *Qualitative data analysis*. University of North Dakota, Grand Forks. October 26, 2017.
- Reed, K. L. & Peters, C. O. (2008, October). Values and beliefs: Part IV: A time of professional identity: 1970-1985-- Would the real therapist please stand up?. *OT Practice*, 15-18.
- Turpin, M. & Iwama, M.K. (2011). *Using Occupational Therapy Models in Practice: A Field Guide*. New York, NY: Elsevier, Inc.

## **Appendix**

Life History of Carol Olson PhD, OTR/L by Laurel Busch and Emily Bachmeier

CATEGORIES	OT Practice	Influences	Experiences
<b>CODES</b>	<ul style="list-style-type: none"> <li>• Self-advocacy</li> <li>• Opportunities</li> <li>• Advocate</li> <li>• Open minded</li> <li>• Evidence based practice</li> <li>• Pushing towards research</li> <li>• OT supervision of OTA</li> <li>• Development of theories and frames of references</li> <li>• Evolution of technology</li> <li>• Occupational based</li> <li>• Client centered</li> <li>• Unique</li> <li>• Pediatrics</li> <li>• Mental Health</li> <li>• Flexible</li> </ul>	<ul style="list-style-type: none"> <li>• Teaching</li> <li>• Client centered care</li> <li>• Marsha Dunn Klein</li> <li>• Family supports</li> <li>• Creativity</li> <li>• School systems</li> <li>• Benedictine values</li> <li>• Respect</li> <li>• North Dakota</li> </ul>	<ul style="list-style-type: none"> <li>• UND</li> <li>• Mentor</li> <li>• Educator</li> <li>• Mental health</li> <li>• School district</li> <li>• Involvement</li> <li>• Home programming</li> <li>• Home visits</li> <li>• Outpatient clinics</li> <li>• Published article</li> <li>• Wilbarger protocol</li> <li>• Courts</li> <li>• Ethical situations</li> <li>• Legislation</li> <li>• Beliefs and values</li> <li>• University of Mary</li> </ul>
<b>THEMES</b>	<ul style="list-style-type: none"> <li>• The participant has seen many changes in the OT profession throughout her career.</li> <li>• She was able to identify what she felt was crucial to OT practice.</li> </ul>	<ul style="list-style-type: none"> <li>• The participant has been influenced by values present in her practice setting, personal life, and geographic location.</li> <li>• <input type="checkbox"/> Her personal influences and values have guided her practice throughout her career in OT.</li> </ul>	<ul style="list-style-type: none"> <li>• As an OT practitioner, the participant has reflected on past and current experiences that have been meaningful to her.</li> <li>• Her experiences have contributed to the development of her personal growth throughout the years.</li> </ul>
<b>ASSERTION</b>	In the course of one's occupational therapy career, one can expect to see many changes in the profession. One will likely be influenced by a number of factors and will accumulate meaningful experiences throughout their time in the profession of occupational therapy.		